

Questions and Answers

1. Can charts and graphs be singled space?

Yes, they can. However, we need to be able to read them so be mindful of this if presenting charts or graphs.

2. Sub-contractors are not permitted in this RFP, is that correct?

Yes, that is correct

3. Regarding the previous proposals that we submitted, will the agency receive the score sheet and feedback?

The agency would need to request that in writing to the department. If interested, can send this request to Leslie Roy

4. Is this mentoring primarily for youth in DCF care or youth referred by DCF?

It's both. Priority is for DCF youth but can also serve non DCF youth if referred by DCF.

5. Can you talk a bit about the original two applications and where they were insufficient?

Two areas that were lacking had to do with staffing and community connections. Regarding staffing, the proposals did not get into any detail about recruiting, training, and retaining mentors. This is the primary focus of this RFP, mentors' mentees. The focus in these two proposals was on the Mentor Supervisor and the Recovery Support Specialists but very little on mentors.

Secondly, the proposals lacked detail on their community connections for the LGBTQIA+ mentees. Through the mentoring relationship, the agency should be able to offer further supports to the youth as needed. The issues facing LGBTQIA+ youth are varied, and it is hoped that through a strong community network, the agency could meet the needs of the youth through their community connections.

6. May the provider accept referrals for Youth Link Mentoring from other Agencies/Organizations outside of DCF?

No, the referral must come through DCF. However, the agency/organization may connect with the local DCF Area Office and provide information on the youth they would like mentoring services for to see if a referral meets the criteria.

7. Is there a reason why this service is not included as a program component in the Foster Care rebid?

Youth LINK mentoring is available to all DCF involved youth, not just youth in the fostercare system. The Youth LINK Mentoring Service is a unique contact for LGBTQIA+ youth needing r

wanting additional support. The awardees will result in two agencies covering the state with strong community connections and knowledge of the LGBTQIA+ population.

8. We have some Letters of Support from organizations in the community we work with that can help reinforce this initiative, should we get the award. I wanted to see if there was anywhere in the grant packet we could include those or are the attachments strictly for supplemental materials and other contracts listed?

Letters of Support are not part of this RFP response. They may be referenced in describing the agencies community partners but not included as part of this response. Letters of support will not be read.

Youth Link Mentoring Questions from first RFP that was posted.

1. What does TRY stand for (page 16)?
 - Treatment Recovery for Youth. After reviewing the question and referring back to the RFP, since this is mentoring program will not have a clinical component, the data collection is not required.
2. Will you please post the agencies that attended the bidders conference?
 - We did not require pre -registration nor collected a formal attendance sheet to present accurately who was in attendance.
3. The RFP indicates that the Recovery Specialist should work 10/12 hours per week and at least one specialist should be Spanish speaking.
 - The Recovery Specialist is required to work 10 -15 hours per week and at least one specialist should be bilingual in Spanish.
4. After the due date, will you post the agencies that submitted a letter of intent along with which region they are potentially putting in a proposal for?
 - Once the closing date for submission of the Letter of Intent has past, we will post on the Contracting Portal.
5. For appendix 4 what documentation would fulfill this requirement? Nonprofit certificate?
 - A copy of the federal 501(c)3 letter.
6. For appendix 6 can we use deeds or leases in lieu of certificates of occupancy?
 - **Appendix 5** Certificate of Occupancy/Proof of citing. Upon Further Review, this is not required.
 - **Appendix 6** is the Proof of Connecticut Business Licensure which can be found on the Secretary of State C.O.N.C.O.R.D Website

7. On page 14, it's indicated that Recovery specialist will attend CRA and ACC training and be certified in ACC, can you explain a bit more?
- **Clarification:** the RSS do not need to attend the CRA and ACC training and be certified in ACC only. The RSS will attend the Connecticut Community for Addiction Recovery (CCAR) Recovery coach academy for young adults and will be fully certified as a recovery coach. This is an on-line 20-hour certification.

A description with upcoming dates:

Description The CCAR Recovery Coach Academy© is a 5-day intensive training academy focusing on providing individuals with the skills need to guide, mentor and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs. Provided in a retreat like environment, the CCAR Recovery Coach Academy© prepares participants by helping them to actively listen, ask really good questions, and discover and manage their own stuff

Recovery Coach Academy - Online \$850.00 Upcoming classes:

October schedule: 10/4 - 10/8/2021 10:00Am to 2:00PM daily
10/25 - 10/29/2021 5:00Pm to 9:00PM daily

8. In relation to question 2d- it says that the data would be inclusive of PIE data if you are a current (or previous) provider? What data points in particular are you referring to in PIE that would support the answer?
- Mentoring program is not a clinical program and would not be subject to the PIE data collection system.
9. Is profit allowed in this contract?
- No
10. Regarding mentors and unpaid volunteers, are there other behavioral health providers using this same model that providers with whom they could connect. Looking for information on insurance and other related issues when volunteers and unpaid mentors are providing service provisions.
- Use of mentors and volunteers for non-clinical service provision is a verified and recognized service model utilized by all human service agencies. DCF is not asking for use of volunteers for any insurance claimable service.
11. Is this a new or existing program? If existing, who is the current provider and are they meeting performance?
- This a new version of an old program. There is not current provider implementing this service.

- 12.** We are currently in the process of registering with State Contracting Portal. Does this process need to be completed by the time of application or by contract start date?
- You should be registered prior to the execution of the contract.
- 13.** On page 18 with regards to number of pages it says double sided and single sided. could it be either or do you prefer one over the other?
- The original plus the copies are required to be double sided. (Section IV.E. Main Proposal)
- 14.** On page 10 there is a statement that says "the provider will provide access to other relevant support services offered by the agency when deemed appropriate and in the best interest" can you clarify what services you are referring to?
- The program model involves connecting youth to their community. This resource should be a natural extension of services. It would be important to demonstrate in your proposal, how you would connect youth with natural supportive resources in the community you serve.
- 15.** Is there any wiggle room to take younger youth?
- The service model is intended for adolescents and young adult (age 14-21). It is important to focus on the recruitment and service for this population.
- 16.** Can you talk a little bit about the training that would be available to the folks involved in this program or would that be up to the agencies who get the funding?
- Both for the agency and the mentors. There are basic elements that DCF outlines in the RFP for minimum training required (pg 14) It is the providers responsibility to provide the curriculum and DCF will review and approve. Proposal should include how the agency will train the staff, mentors, and support as well.
- 17.** Can you share more about the use of GAIN SS?
- GAIN SS - Global Appraisal of Individual Needs - Short Screener (GAIN-SS)

The GAIN-SS is an evidence-based, 16-question survey developed by Chestnut Health Systems that identifies needs for further assessment in the areas of mental health, substance abuse, and anger management for adolescents and adults. Everything required for the GAIN SS is found on this link: [GAIN-SS \(ct.gov\)](https://www.ct.gov/gain-ss) DCF also has a GAIN Specialist on staff that will assist staff in getting trained.